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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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#3

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|----------------------|
| | | Application Number | 09/856,435 |
| | | Filing Date | May 22, 2001 |
| | | First Named Inventor | Jayanthi Weerasinghe |
| | | Group Art Unit | |
| | | Examiner Name | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 020358-000100US |

ENCLOSURES (check all that apply)

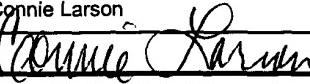
| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Return Postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Response to Notification of Missing Requirements Declaration Power of Attorney Verified Statement of Small Entity Status |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|---|---|
| Firm and 8/3 Individual name if applicable | Townsend and Townsend and Crew LLP Darin J. Gibby, Reg. No. 38,464 |
| 1 FS 254 Signature | 65.00 CH |
| Date | August 28, 2001 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

| | |
|-----------------------|---|
| Typed or printed name | Connie Larson |
| Signature |  |
| Date | August 28, 2001 |

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DE 7049383 v1

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 65

Complete if Known

| | |
|----------------------|----------------------|
| Application Number* | 09/856,435 |
| Filing Date | May 22, 2001 |
| First Named Inventor | Jayanthi Weerasinghe |
| Examiner Name | |
| Group Art Unit | |

Attorney Docket No. 020358-000100US

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

| | |
|------------------------|---------|
| Deposit Account Number | 20-1430 |
|------------------------|---------|

Deposit Account Name Townsend and Townsend and Crew LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION (continued)

| 3. ADDITIONAL FEES | | | |
|-----------------------------------|----------|----------|---------------------|
| Large Entity | Fee Code | Fee (\$) | Small Entity |
| 105 | 130 | 205 | 65 |
| 127 | 50 | 227 | 25 |
| 139 | 130 | 139 | 130 |
| 147 | 2,520 | 147 | 2,520 |
| 112 | 920* | 112 | 920* |
| 113 | 1,840* | 113 | 1,840* |
| 115 | 110 | 215 | 55 |
| 116 | 390 | 216 | 195 |
| 117 | 890 | 217 | 445 |
| 118 | 1,390 | 218 | 695 |
| 128 | 1,890 | 228 | 945 |
| 119 | 310 | 219 | 155 |
| 120 | 310 | 220 | 155 |
| 121 | 270 | 221 | 135 |
| 138 | 1,510 | 138 | 1,510 |
| 140 | 110 | 240 | 55 |
| 141 | 1,240 | 241 | 620 |
| 142 | 1,240 | 242 | 620 |
| 143 | 440 | 243 | 220 |
| 144 | 600 | 244 | 300 |
| 122 | 130 | 122 | 130 |
| 123 | 50 | 123 | 50 |
| 126 | 180 | 126 | 180 |
| 581 | 40 | 581 | 40 |
| 146 | 710 | 246 | 355 |
| 149 | 710 | 249 | 355 |
| 179 | 710 | 279 | 355 |
| 169 | 900 | 169 | 900 |
| Other fee (specify) _____ | | | |
| *Reduced by Basic Filing Fee Paid | | | SUBTOTAL (3) (\$ 65 |

The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|----------------------|----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Darin J. Gibby | Registration No. Attorney/Agent) | 38,464 | Telephone | (303) 571-4000 |
| Signature | Date August 28, 2001 | | | | |

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